

PRIMARY HEALTH CARE IN SAUDI ARABIA: ITS DEVELOPMENT AND FUTURE PROSPECTIVES*

Almost exactly nineteen years ago, a meeting was held in Riyadh to discuss Primary Health Care, a subject that was new to almost all the Assistant Directors of Health Affairs for health centers who attended it. The two-day meeting (1-2 Safar 1404) was the starting point for the Ministry of Health program that had been heard of, but the execution of which was still undecided.

A lot has changed since then, but the concept of primary health care (PHC) remains the same. It means “basic health services for all members of the community, and represents the first level of community contact with the health services.”

The early years of the implementation of the PHC program saw relentless efforts by the service providers in PHC centers in the entire country spanning the vast deserts of the north to the mountains of Aseer, from Khobar and Dammam to Makkah and Jeddah. The senior doctors learned as much as the junior doctors. It saw the creation of new ideas to improve PHC implementation, but the essential basics of PHC have stood the test of time.

The PHC program was carried out in several phases. The first, which was the laying of the foundations, involved extensive training for all health workers at PHC centers. This was followed by the rapid extension and improvement in the provision of services and vital indicators. The next phase comprised total quality management and supportive supervision. The next phase saw an expansion in specialized programs. In the final phase an in-depth revision of the process of PHC implementation was done.

The future of PHC depends on a continuous revision and appraisal of all programs implemented in PHC centers. In the course of this revision, certain priorities must be considered including: (1) Significant changes in the morbidity patterns in the Saudi community. The definite shift from infectious to non-infectious diseases requires an emphasis on certain programs, the most important of which is lifestyle, balanced nutrition and an extensive use of health education as an important component of the PHC program implementation. (2) The demographic changes in the Saudi community. The geriatric age group is increasing and therefore becoming an important section of the population. This means that their health needs must be reckoned with and satisfied. (3) The implementation of the ‘health insurance’ policy and the consequent decrease in certain sections of the community attending the PHC centers. (4) The need to give priority to the establishment of PHC centers to enable them offer decent services in all PHC elements. (5) Rehabilitation and training of health workers in the PHC centers to enable them cope with current methods of health care provision.

That priority should be given to PHC as the basic national strategy for health care provision in the Kingdom of Saudi Arabia cannot be over emphasized. Ignoring this would be

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counter-productive. The implementation of PHC in the Kingdom has brought about fundamental changes in health services. This positive effect will continue if there is a judicious use of appropriate resources and all opportunities presented. We look forward to this support.

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